

Hopkins, Marsha

From: Hopkins, Marsha
Sent: Tuesday, July 05, 2016 3:02 PM
To: Roberson, Pamela
Subject: FW: Bi-Weekly Status Report - HIT - July 5, 2016
Attachments: Bi-Weekly Status Report - HIT - 07.05.16.docx; RE: Dr. Tiffany Kumpel

Pam, 3 copies of these please. Thanks!

From: McMullen, Annette
Sent: Friday, July 01, 2016 2:05 PM
To: Hopkins, Marsha <mhopkins@dch.ga.gov>
Subject: Bi-Weekly Status Report - HIT - July 5, 2016

Good Afternoon Marsha, Happy Friday! Per my previous email, I have attached my status report for July 5th since I will be out of the office next week. I will be returning on Monday, July 11th. Avery and Myrthia are the POCs for the week. My new assistant, Ms. Kinyetta Arnold, will be covering the phones next week.

Regards,

Annette A. McMullen, MSOM, PMP®, ITIL®

Chief, Health Information Technology

Division of Health Information Technology
Georgia Department of Community Health
2 Peachtree Street, NW 32.414
Atlanta, GA 30303
(Office): 404.654.5703
(Mobile): 404.852.6197
(eFax): 770.344.5113
amcmullen1@dch.ga.gov

Bi-Weekly Status Report
Health Information Technology
July 5, 2016
Reported By: Annette McMullen

Task/Issue/Area	Status	Assigned	Due / Completed
Leadership Action Items	<p><u>For awareness purposes only:</u></p> <p>Dr. Tiffany Kumpel, a provider who received two MIP payments, has been audited and has complained about the fact that she was audited. She also went through her state representative. Several staff (Lisa Marie, Suzannah, Constituent Services, MSLC, and myself) have communicated with her regarding her concern, and we (Kyle and myself) have made several attempts to contact her over the last two months either via email, phone, voicemail, or messages with staff. She did respond after the recoupment of funds occurred. You may hear more from her state representative regarding the matter. See attached email from Suzannah to give a brief summary.</p>	Marsha/ Commissioner	TBD
HIT Contracts	<ul style="list-style-type: none"> - The eCQM (Population Health) amendment is on the Sole Source site until July 11th. We are planning to update our IAPD to accommodate the additional time period needed for the 18 month project. 	Annette McMullen / Procurement	In progress
	<ul style="list-style-type: none"> - FFY16 contract amendments have been submitted to CMS for approval and DCH Procurement. <u>Those included:</u> MSLC and DPH. Submitted 5/19th and 5/20th respectively. Cleared concerns with CMS on 6/6th. <u>CMS approval pending. NO Update as of 7/1st.</u> 	Annette McMullen / Sandeep Kapoor / Suzannah Lipscomb	In progress
	<ul style="list-style-type: none"> - FFY17 contract amendments are still under review. <u>Those include:</u> DPH, Ga-HITEC, MSLC, MAPIR, and GaHIN. Those in BOLD may require an IAPD update to CMS for approval due to the increase in funding needed. <ul style="list-style-type: none"> o Received approval for Ga-HITEC and MAPIR on 6/6th. o MSLC, GaHIN and DPH renewals/amendments are <u>still pending approval</u> from CMS. 	Annette McMullen / Sandeep Kapoor / Suzannah Lipscomb / Jolanda Curry- Clifton	In progress
	<ul style="list-style-type: none"> - CMS expansion of Medicaid Incentives for EPs to share information with Non-EPs for MU purposes via HIE: <ul style="list-style-type: none"> o GaHIN has submitted a list of value-added services with a cost estimate 	GaHIN / Medicaid / DCH Leadership / Health IT	In progress

Task/Issue/Area	Status	Assigned	Due / Completed
	<p>over \$7M. Ga-HITEC has submitted a cost estimate of approx. \$150,000 for Outreach and Education to support the expansion. Update: A half-day “reboot” meeting has been scheduled for 7/18th between Medicaid, HIT and GaHIN. Informed GaHIN and Ga-HITEC about the lack of DCH funding for this request. GaHIN is pursuing other funding opportunities to support their request. NO Update as of 7/1st.</p> <ul style="list-style-type: none"> Health IT has estimated that an additional 3 FTEs will be needed to manage the GaHIN initiatives. Health IT will need additional space (approx. 2 cubes) if these initiatives are approved. <p>- Health IT MIP Audit Guide’s last submission to CMS was in 2014. Another submission to CMS is scheduled for July.</p>	MSLC / Annette McMullen / Suzannah Lipscomb / HIT Finance	In progress
MIP	<ul style="list-style-type: none"> ON Schedule. The new code for MAPIR 5.7 implementation date is scheduled for Friday, July 15th. MAPIR 5.8 release (EH PY15 and PY16) is being tested by Core. CMS is researching for validity. Initiate credentialing process for MIP EPs. The list has been received from HPE. The meeting with Lynette Rhodes is pending. Developing a call campaign and direct mail strategy to support our new FY17-FY20 Health IT goal of transitioning providers from AIU to MU 3. We have over 3,000 calls to make in our first call campaign which will be followed by an email blast. Partners are joining in. 	<p>Kyle Moody / Myrthia Hall / Takasha Hurley</p> <p>Annette McMullen/ Lynette Rhodes</p> <p>Health IT / GaHITEC / HPE</p>	<p>In progress</p> <p>TBD</p> <p>1st Round: 7/5th – 7/15th</p>
TEFT	<ul style="list-style-type: none"> Personal Health Record (PHR) component: Met with Pruitt Health to exchange clinical and non-clinical data. We are still working on the value for provider. 	Bonnie Young / Annika Jones	In progress
Outreach	<p><u>Target:</u> Dentists, PH Districts, CSBs</p> <p><u>Upcoming Events (Reminder):</u></p> <ul style="list-style-type: none"> <u>CSB Discussion:</u> Health IT and Partners discussed challenges with CSBs entering the MIP program. 10 of 20 have already gone 	Health IT & Partners	In progress

Task/Issue/Area	Status	Assigned	Due / Completed
	<p>through AIU (adopt, implement, upgrade). We are planning a CSB webinar to help nudge the remainder to join the program if eligible. Webinar scheduled for 7/26th with CSBs.</p> <ul style="list-style-type: none"> - <u>VA Discussion</u>: Pending; received POC. - MIP Boot Camp, Gwinnett Collins Hill Library, Lawrenceville - CMS HITECH Multi-Regional Conference, Chicago, IL (using 90/10 HITECH Funding) - MIP Boot Camp, Columbus, GA 	<p>Health IT</p> <p><u>EHR Team</u>: Myrthia Hall / Annette McMullen / Takasha Hurley / Tiffany McMoore & Partners</p> <p>Annette McMullen / Suzannah Lipscomb / Avery Flower / Myrthia Hall</p> <p>EHR Team & Partners</p>	<p>TBD</p> <p>7/13/16</p> <p>7/19/16 – 7/22/16</p> <p>7/27/16 – 7/28/16</p>
Clinical Viewer	Target implementation date has been tentatively set for the Fall (Aug-Sep) timeframe. Update: 7/27th; on schedule. Currently in UAT.	Bonnie Young / Nikita Franklin, IT / HPE	In progress
EDS Procurement	Health IT met to discuss the EDS Communication Plan. Health IT will participate in stakeholder meetings, receive weekly updates, be notified when the contract is approved by CMS and when Health IT funds are invoiced. Received first meeting minutes.	Avery Flower/ Annette McMullen	In progress
DPH	DPH onboarding of the PH Districts into the MIP program. Update: Health IT & Partners participated in DPH Onboarding Kickoff Meeting with all PHD Districts on 6/29th.	Avery Flower/ Annette McMullen / Partners / Health IT	In progress
Staffing Requests	<u>MIP Project (90-10 Funding):</u> Upcoming FY17 – PopHealth Analyst, HIT Intern, Technical SME.	HR / Annette McMullen	In progress
Administrative	<ul style="list-style-type: none"> - *Vacation: July 5th – July 8th - *TW – July 25th to catch up from previous week out of office on business. - *July 28th – July 29th SL (doctor visits catch up) <p>*In-office Coverage provided by either Avery or Myrthia; however, I will be available via phone and email.</p>	Annette McMullen	July

Hopkins, Marsha

From: Hopkins, Marsha
Sent: Monday, July 18, 2016 9:47 AM
To: Roberson, Pamela
Subject: FW: Bi-Weekly Status Report - HIT - 07.19.16
Attachments: Bi-Weekly Status Report - HIT - 07.19.16.docx; 07152016161759-0001.pdf

Pam, can you please print both of these for me? 3 copies--thanks

From: McMullen, Annette
Sent: Friday, July 15, 2016 4:30 PM
To: Hopkins, Marsha <mhopkins@dch.ga.gov>
Subject: Bi-Weekly Status Report - HIT - 07.19.16

Good Afternoon Marsha, please see my attached status report and scanned image.

Have a great weekend!

Annette A. McMullen, MSOM, PMP®, ITIL®

Chief, Health Information Technology

Division of Health Information Technology

Georgia Department of Community Health

2 Peachtree Street, NW 32.414

Atlanta, GA 30303

(Office): 404.654.5703

(Mobile): 404.852.6197

(eFax): 770.344.5113

amcmullen1@dch.ga.gov

Bi-Weekly Status Report
Health Information Technology
July 19, 2016
Reported By: Annette McMullen

Task/Issue/Area	Status	Assigned	Due / Completed
Leadership Action Items / Alerts	<ul style="list-style-type: none"> - Health IT needs more space. I thought we could make do with what we have, but if fully staffed based on the org chart, we will overflow. We also have partner staff coming in to work directly with us on the eCQM project. We only have one conference room in the area. I'd like to request the following additional space (see attached document) and a modification to our current space if possible. Our programs are expanding and I'm re-viewing supplemental funding opportunities now. - Clinical Viewer Go-Live Date Has Changed. Please see an update in the Clinical Viewer Task Area below. 	Marsha/ Commissioner	TBD
HIT Contracts	<ul style="list-style-type: none"> - The eCQM (Population Health) amendment is on the Sole Source site until July 11th. We are planning to update our IAPD to accommodate the additional time period needed for the 18 month project. Procurement is reviewing. - All FFY16 contract amendments have been approved by CMS. <u>They are currently being routed internally.</u> - All FFY17 contract amendments have been approved except GaHIN. <ul style="list-style-type: none"> o Recent approvals are being routed internally. o GaHIN renewal/amendment is <u>still pending approval</u> from CMS. - IAPD updates for FFY17 are underway. - CMS expansion of Medicaid Incentives for EPs to share information with Non-EPs for MU purposes via HIE: <ul style="list-style-type: none"> o GaHIN has submitted a list of value-added services with a cost estimate over \$7M. Ga-HITEC has submitted a cost estimate of approx. \$150,000 for Outreach and Education to support the expansion. Update: A half-day 	<p>Annette McMullen / Procurement</p> <p>Annette McMullen / Procurement</p> <p>Annette McMullen / Sandeep Kapoor / Suzannah Lipscomb / Jolanda Curry- Clifton / Procure- ment</p> <p>Annette McMullen / Sandeep Kapoor</p> <p>GaHIN / Medicaid / DCH Leadership / Health IT</p>	<p>In progress</p> <p>In progress</p> <p>In progress</p> <p>In progress</p> <p>In progress</p>

Task/Issue/Area	Status	Assigned	Due / Completed
	<p><u>“reboot” meeting has been scheduled for 7/18th between Medicaid, HIT and GaHIN. Informed GaHIN and GaHITEC about the lack of DCH funding for this request. GaHIN is pursuing other funding opportunities to support their request. NO Update as of 7/15th.</u></p> <ul style="list-style-type: none"> Health IT has estimated that an additional 3 FTEs will be needed to manage the GaHIN initiatives. Health IT will need additional space (approx. 2 cubes) if these initiatives are approved. <p>- Health IT MIP Audit Guide’s last submission to CMS was in 2014. Another submission to CMS is scheduled for July.</p>	MSLC / Annette McMullen / Suzannah Lipscomb / HIT Finance	In progress
MIP	<ul style="list-style-type: none"> ON Schedule. The new code for MAPIR 5.7 implementation date is scheduled for Friday, July 15th. MAPIR 5.8 release (EH PY15 and PY16) is being tested by Core. CMS is researching for validity. Initiate credentialing process for MIP EPs. The list has been received from HPE. The meeting with Lynette Rhodes is pending. Developing a call campaign and direct mail strategy to support our new FY17-FY20 Health IT goal of transitioning providers from AIU to MU 3. We have over 3,000 calls to make in our first call campaign which will be followed by an email blast. Partners are joining in. Will report out on 8/2nd. 	<p>Kyle Moody / Myrthia Hall / Takasha Hurley</p> <p>Annette McMullen/ Lynette Rhodes</p> <p>Health IT / GaHITEC / HPE</p>	<p>In progress</p> <p>TBD</p> <p>1st Round: 7/5th – 7/15th</p>
TEFT	<ul style="list-style-type: none"> Personal Health Record (PHR) component: Met with Pruitt Health to exchange clinical and non-clinical data. We are still working on the value for provider. Arvine Brown has been a part of the TEFT initiative since the beginning and is now a DCH employee with the CCSP move under DCH. We’d like to give him a supplement in the amount of \$5,000 for his efforts in three of the TEFT components. <u>The PAR is forthcoming.</u> 	Bonnie Young / Annika Jones	In progress
Outreach	<u>Target:</u> Dentists, PH Districts, CSBs		

Task/Issue/Area	Status	Assigned	Due / Completed
	<u>Upcoming Events (Reminder):</u> <ul style="list-style-type: none"> - <u>CSB Discussion:</u> Health IT and Partners discussed challenges with CSBs entering the MIP program. 10 of 20 have already gone through AIU (adopt, implement, upgrade). We are planning a CSB webinar to help nudge the remainder to join the program if eligible. Webinar scheduled for 7/26th with CSBs. - <u>VA Discussion:</u> Pending; received POC. - CMS HITECH Multi-Regional Conference, Chicago, IL (using 90/10 HITECH Funding) - MIP Boot Camp, Columbus, GA - MIP Boot Camp, Augusta, GA 	Health IT & Partners Annette McMullen Annette McMullen / Suzannah Lipscomb / Avery Flower / Myrthia Hall EHR Team & Partners EHR Team & Partners	In progress TBD 7/19/16 – 7/22/16 7/27/16 – 7/28/16 8/4/16 – 8/5/16
Clinical Viewer	Target implementation date has been tentatively set for the Fall (Aug-Sep) timeframe. <u>Update: Failed UAT due to a data issue – Although the link will go live, no GaHIN data will be shown until HPE makes a data change. The changes will be a part of the August release.</u>	Bonnie Young / Nikita Franklin, IT / HPE	In progress
EDS Procurement	Health IT met to discuss the EDS Communication Plan. Health IT will participate in stakeholder meetings, receive weekly updates, be notified when the contract is approved by CMS and when Health IT funds are invoiced. Still engaged.	Avery Flower/ Annette McMullen	In progress
DPH	DPH onboarding of the PH Districts into the MIP program. <u>DPH is working on a contract directly with GA-HITEC for detailed concierge services.</u>	Avery Flower/ Annette McMullen / Partners / Health IT	In progress
Staffing Requests	<u>MIP Project (90-10 Funding):</u> Upcoming FY17 – PopHealth Analyst, HIT Intern, Technical SME. <u>Paperwork will be submitted soon.</u>	HR / Annette McMullen	In progress
Administrative	<ul style="list-style-type: none"> - *TW – July 25th to catch up from previous week out of office on business. - *July 28th – July 29th SL (doctor visits catch up) <p>*In-office Coverage provided by either Avery or Myrthia; however, I will be available via phone and email.</p>	Annette McMullen	July

Williams, Danisha

From: Wiant, Linda
Sent: Friday, September 30, 2016 4:23 PM
To: Williams, Danisha
Subject: RE: Meeting with Pruitt Health 10/5

I've requested copies from Dimitri. The ones we have may have been in existence for a while, so it's possible that he hasn't actually signed any of them. They're basically evergreen, so we just renew them every year. I asked Dimitri to send examples that may have been signed by other commissioners if he didn't have any for Commissioner Reese.

That said, did I misunderstand the question and is what he really looking for just a list of who we have signed agreements with?

Linda

From: Williams, Danisha
Sent: Friday, September 30, 2016 2:37 PM
To: Wiant, Linda <lwiant@dch.ga.gov>
Cc: Williams, Danisha <danwilliams@dch.ga.gov>
Subject: RE: Meeting with Pruitt Health 10/5

Good afternoon Linda,

The Commissioner asked for copies of these that he has actually executed. Thank you.

Danisha Williams

Commissioner's Office
Executive Confidential Assistant to Clyde L. Reese III, Esq., Commissioner
Board Coordinator
danwilliams@dch.ga.gov | www.dch.georgia.gov
Office: 404.656.7990 | Fax: 404.651.6880
2 Peachtree St NW 6.385, Atlanta, GA 30303



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Follow us on Facebook at: <https://www.facebook.com/gadept.communityhealth>

"Life isn't about waiting for the storm to pass... It's about learning how to dance in the rain!"

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From: Wiant, Linda
Sent: Thursday, September 29, 2016 3:51 PM
To: Williams, Danisha <danwilliams@dch.ga.gov>
Subject: RE: Meeting with Pruitt Health 10/5

I don't know if this is helpful to the Commissioner, but we have a process already for handling these contracts. I am attaching the template documents from Dmitri in legal services.

Commissioner Reese signs the original agreements and the amendments. I sign the letters of intent (letters of good standing) that have to be submitted to CMS annually.

Linda

From: Williams, Danisha
Sent: Wednesday, September 14, 2016 3:21 PM
To: Wiant, Linda <lwiant@dch.ga.gov>
Cc: Williams, Danisha <danwilliams@dch.ga.gov>
Subject: Meeting with Pruitt Health 10/5

Good afternoon Linda,

The Commissioner is going to meet with PruittHealth on 10/5 at 11 or 11:30a. The Commissioner has asked that someone from Medicaid be in attendance. The subject matter is:

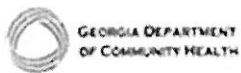
PruittHealth Premier - Dual Eligible Special Needs Plan

PruittHealth Premier is currently approved as a Medicare Advantage I-SNP. PruittHealth Premier desires to expand the Plan to become a Dual Eligible Special Needs Plan ("D-SNP") as part of the 2018 CMS application process. The D-SNP designation allows Medicare Advantage plans to specialize in serving beneficiaries who are dually eligible for Medicare and Medicaid. While there are multiple types D-SNPs approved by CMS, PruittHealth Premier desires to become an All-Dual SNP.

Please advise who you would like to attend and I will include them on the meeting invite.

Thank you.

Danisha Williams
Commissioner's Office
Executive Confidential Assistant to Clyde L. Reese III, Esq., Commissioner
Board Coordinator
danwilliams@dch.ga.gov | www.dch.georgia.gov
Office: 404.656.7990 | Fax: 404.651.6880
2 Peachtree St NW 6.385, Atlanta, GA 30303



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Williams, Danisha

Subject: Copy: Meeting with PruittHealth (Contact Person: Sarah Ralston Phone: (678) 533-6300)
Location: 6th Floor Commissioner's Conference Room
Start: Wed 10/5/2016 11:30 AM
End: Wed 10/5/2016 12:00 PM
Recurrence: (none)
Meeting Status: Not yet responded
Organizer: Reese, Clyde
Required Attendees: Reese, Clyde; Sarah Ralston
Optional Attendees: Wiant, Linda; Irhodes@dch.ga.gov; Chris Downing; Will Saunders; Will Saunders; Clay Huckaby

Meeting Location:
2 Peachtree St, NW, Atlanta, GA 30303
6th Floor Commissioner's Office

Please allot time to enter through security

Attendees:

Sarah Ralston, PruittHealth
Clay Huckaby, PruittHealth
Will Saunders, Ally Align
Jason Crowe, Ally Align



PHP GA_DSNP
Exec Summary.d...

From: Sarah Ralston [mailto:SRalston@pruitthealth.com]
Sent: Wednesday, September 07, 2016 1:54 PM
To: Williams, Danisha <danwilliams@dch.ga.gov<mailto:danwilliams@dch.ga.gov>>
Subject: Meeting request

Good afternoon Danisha,

I wanted to see about possibly scheduling a meeting with Commissioner Reese on either September 13 or 14 to discuss an initiative PruittHealth is looking at (Dual Eligible Special Needs Plan). Would you please advise on what you need from me to move forward with getting on his calendar? On our end, the attendees would be myself, Chris Downing (VP of Government Affairs, PruittHealth) and Will Saunders (Consultant, Ally Align). I have also attached a brief document with some background on the issue we would like to meet about. I really appreciate your help and look forward to hearing from you!

Sincerely,
Sarah Ralston

Sarah Ralston
Director of Governmental Affairs
PruittHealth

Phone: (678) 533-6300

Email: sralston@pruitthealth.com<mailto:sralston@pruitthealth.com>



PruittHealth Premier – Current Status/2018 Expansion

PruittHealth Premier, a Medicare Advantage Institutional Special Needs Plan (“I-SNP”), was implemented in January 2016 at ten PruittHealth facilities in Georgia. The Plan provides its membership the benefits of traditional Medicare along with enhanced supplemental benefits and a facility-based care team consisting of Primary Care Physicians and Nurse Practitioners.

Effective January 2018, PruittHealth Premier intends to expand to an additional 46 PruittHealth Centers throughout Georgia. This expansion represents an opportunity to expand benefits to approximately 2,800 additional PruittHealth residents around the state.

PruittHealth Premier - Dual Eligible Special Needs Plan

PruittHealth Premier is currently approved as a Medicare Advantage I-SNP. PruittHealth Premier desires to expand the Plan to become a Dual Eligible Special Needs Plan (“D-SNP”) as part of the 2018 CMS application process. The D-SNP designation allows Medicare Advantage plans to specialize in serving beneficiaries who are dually eligible for Medicare and Medicaid. While there are multiple types D-SNPs approved by CMS, PruittHealth Premier desires to become an All-Dual SNP.

Key Considerations / D-SNP Approval

PruittHealth Premier will submit a letter of intent to CMS in November 2016 indicating the Plan’s intent to request both I-SNP and D-SNP designations beginning with the 2018 contract year. For the 2018 contract year, the full CMS application is due February 2017.

To become authorized as a D-SNP, PruittHealth Premier will need to submit to CMS a contract between PruittHealth Premier and the Georgia Department of Community Health (“GA DCH”). PruittHealth Premier is seeking to contract with GA DCH as an All-Dual SNP in an effort to better support it’s members if statewide Medicaid managed care comes to fruition.

PruittHealth Premier looks forward to meeting with GA DCH to discuss the benefits of this approach for both our members as well as the overall Medicaid program.

Williams, Danisha

Subject: CANCELED Meeting with Chris Downing, Vice President of Governmental Affairs, with PruittHealth and Neil Pruitt, CEO
Location: 6th Floor Commissioner's Conf Room
Start: Thu 2/2/2017 1:00 PM
End: Thu 2/2/2017 1:45 PM
Recurrence: (none)
Meeting Status: Not yet responded
Organizer: Williams, Danisha
Required Attendees: Williams, Danisha; vwhitehead@pruitthealth.com; Johnson, Andrew
Optional Attendees: Chris Downing; Teresa Rabun; Neil Pruitt



RE: Meeting with
Commissioner ...

Please note: During General Assembly, meetings are subject to change on short notice.

Meeting Location:
2 Peachtree St, NW, Atlanta, GA 30303
6th Floor Commissioner's Office

Please allot time to enter through security

From: Vickie Whitehead [<mailto:vwhitehead@pruitthealth.com>]
Sent: Tuesday, January 17, 2017 3:12 PM
To: Williams, Danisha <danwilliams@dch.ga.gov>
Subject: Meeting with PruittHealth
Importance: High

Hi Danisha,

Thanks for returning my call. My apologies that no one answered the main telephone number in a timely manner. My direct line is 678-533-6619.

As my message explained Chris Downing, Vice President of Governmental Affairs, with PruittHealth asked me to call you to arrange a courtesy meeting with Commissioner Berry for himself and Neil Pruitt, CEO. They are available Tuesday, January 31st 2-3pm or Thursday, February 2nd any time after 10:30am. Hopefully one of these will work for Commissioner Berry.

Please let me know.

Thank you.

Vickie

Vickie Whitehead

Administrative Assistant

PruittHealth

Phone: (678) 533-6619

Fax: (770) 510-2461

Email: vwhitehead@pruitthealth.com



Williams, Danisha

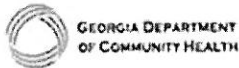
From: Williams, Danisha
Sent: Monday, January 30, 2017 11:19 AM
To: Vickie Whitehead
Cc: Williams, Danisha
Subject: RE: Meeting with Commissioner Berry 2/2 @1p

Thank you. I will cancel the meeting and wait for additional dates to consider.

Best regards,

Danisha Williams

Commissioner's Office
Executive Confidential Assistant/Board Coordinator to Frank W. Berry, Commissioner
danwilliams@dch.ga.gov | www.dch.georgia.gov
Office: 404.656.7990 | Fax: 404.651.6880
2 Peachtree St NW 6.385, Atlanta, GA 30303



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From: Vickie Whitehead [mailto:vwhitehead@pruitthealth.com]
Sent: Monday, January 30, 2017 11:17 AM
To: Williams, Danisha <danwilliams@dch.ga.gov>
Subject: RE: Meeting with Commissioner Berry 2/2 @1p
Importance: High

Good Morning Danisha,

Thanks for your correspondence. Yes. Chris asked me to move it. Unfortunately, I do not have an alternated date at the moment. I am waiting for Neil's Assistant to check his calendar. I will get back with you as soon as possible.

Best regards,

Vickie

Vickie Whitehead
Administrative Assistant
PruittHealth

Phone: (678) 533-6619
Fax: (770) 510-2461
Email: vwhitehead@pruitthealth.com



pruitthealth.com

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From: Williams, Danisha [<mailto:danwilliams@dch.ga.gov>]
Sent: Monday, January 30, 2017 11:09 AM
To: Vickie Whitehead <vwhitehead@pruitthealth.com>
Cc: Williams, Danisha <danwilliams@dch.ga.gov>
Subject: Meeting with Commissioner Berry 2/2 @1p

Good morning,

I was advised that someone from your office is going to contact me about rescheduling this meeting. Please advise.

Best regards,

Danisha Williams

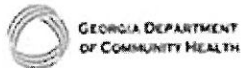
Commissioner's Office

Executive Confidential Assistant/Board Coordinator to Frank W. Berry, Commissioner

danwilliams@dch.ga.gov | www.dch.georgia.gov

Office: 404.656.7990 | Fax: 404.651.6880

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"Life isn't about waiting for the storm to pass... It's about learning how to dance in the rain!"



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Williams, Danisha

Subject: Meeting with Chris Downing, Vice President of Governmental Affairs, with PruittHealth and Neil Pruitt, CEO (Reschedule)
Location: 6th Floor Commissioner's Conf Room
Start: Mon 2/13/2017 2:30 PM
End: Mon 2/13/2017 3:15 PM
Recurrence: (none)
Meeting Status: Meeting organizer
Organizer: Williams, Danisha
Required Attendees: vwhitehead@pruitthealth.com; Neil Pruitt; Johnson, Andrew
Optional Attendees: Chris Downing



RE: Meeting with
Commissioner ...



Please note: During General Assembly, meetings are subject to change on short notice.

Meeting Location:
2 Peachtree St, NW, Atlanta, GA 30303
6th Floor Commissioner's Office

Please allot time to enter through security

From: Vickie Whitehead [<mailto:vwhitehead@pruitthealth.com>]
Sent: Tuesday, January 17, 2017 3:12 PM
To: Williams, Danisha <danwilliams@dch.ga.gov>
Subject: Meeting with PruittHealth
Importance: High

Hi Danisha,

Thanks for returning my call. My apologies that no one answered the main telephone number in a timely manner. My direct line is 678-533-6619.

As my message explained Chris Downing, Vice President of Governmental Affairs, with PruittHealth asked me to call you to arrange a courtesy meeting with Commissioner Berry for himself and Neil Pruitt, CEO. They are available Tuesday, January 31st 2-3pm or Thursday, February 2nd any time after 10:30am. Hopefully one of these will work for Commissioner Berry.

Please let me know.

Thank you.

Vickie

Vickie Whitehead

Administrative Assistant
PruittHealth

Phone: (678) 533-6619

Fax: (770) 510-2461

Email: vwhitehead@pruitthealth.com



Williams, Danisha

Subject: (Andrew) PruittHealth- Home Health
Location: 40th Floor Commissioner's Conference Room
Start: Tue 11/21/2017 3:00 PM
End: Tue 11/21/2017 3:45 PM
Recurrence: (none)
Meeting Status: Meeting organizer
Organizer: Williams, Danisha
Required Attendees: Williams, Danisha; King, Rachel; Fulenwider, Blake; Johnson, Andrew; Sarah Ralston Stephens; Chris Downing (cdowning@pruitthealth.com)
Optional Attendees: Hendrix, Glenn P.; Fey, Cynthia

Meeting Location: 2 Peachtree St, NW, Atlanta, GA 30303
40th Floor Commissioner's Office

Note: Please allot time to enter through security

From: Johnson, Andrew [<mailto:andrew.johnson@dch.ga.gov>]
Sent: Tuesday, November 7, 2017 2:56 PM
To: Sarah Ralston Stephens <SRalston@pruitthealth.com>; Fulenwider, Blake <blake.fulenwider@dch.ga.gov>
Subject: RE: PruittHealth- Home Health

Hi Sarah,

Thanks for your patience. We would be happy to meet with you. I am copying Danisha Williams who can assist us with getting it setup and offer some possible dates/times.

Andrew

Andrew Johnson
Deputy Commissioner
Georgia Department of Community Health

2 Peachtree St. NW
Atlanta, GA 30303
404-656-7990 (office)

From: Sarah Ralston Stephens [<mailto:SRalston@pruitthealth.com>]
Sent: Thursday, November 02, 2017 3:37 PM
To: Fulenwider, Blake <blake.fulenwider@dch.ga.gov>
Cc: Johnson, Andrew <andrew.johnson@dch.ga.gov>
Subject: RE: PruittHealth- Home Health

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Blake, thank you for letting me know. It would be great if you would be willing to participate.

Andrew, I apologize for not reaching out to you. I wasn't aware CON fell to you. Would you be willing to meet with us on this issue (one pager attached)? As some background, Neil has had discussions with Chris Riley on this initiative; he was supportive and directed us to meet with you all to discuss further.

Thank you in advance. Talk with you soon.

Sarah

Sarah Ralston Stephens

Director of Governmental Affairs
PruittHealth

Phone: (678) 533-6300

Email: sralston@pruithhealth.com



pruithhealth.com

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From: Fulenwider, Blake [<mailto:blake.fulenwider@dch.ga.gov>]

Sent: Thursday, November 2, 2017 3:13 PM

To: Sarah Ralston Stephens <SRalston@pruithhealth.com>

Cc: Johnson, Andrew <andrew.johnson@dch.ga.gov>

Subject: RE: PruittHealth- Home Health

Thanks Sarah and I appreciate your patience. As you can imagine, I have been slammed these first few weeks. I'll be happy to participate in the meeting, but this topic falls under Andrew Johnson's role in the Department rather than Medicaid. He oversees the CON work done here. If y'all meet I am more than happy to participate. Many thanks.

Best,

Blake

Blake T. Fulenwider

Deputy Commissioner
Chief, Medical Assistance Plans
Georgia Department of Community Health
2 Peachtree Street, NW, 36th Floor
Atlanta, Georgia 30303
404-657-7793

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From: Sarah Ralston Stephens [<mailto:SRalston@pruitthealth.com>]
Sent: Thursday, November 02, 2017 3:00 PM
To: Fulenwider, Blake <blake.fulenwider@dch.ga.gov>
Subject: RE: PruittHealth- Home Health

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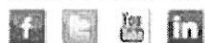
Hey Blake,

Just bumping this to the top of your email in hopes we can get a meeting scheduled. Also, I wanted to share a draft white paper regarding the Home Health CON proposal that one of our attorneys has prepared. Hopefully this will help provide some background and context prior to all of us getting together. Thank you and I'll talk with you soon.

Sarah

Sarah Ralston Stephens
Director of Governmental Affairs
PruittHealth

Phone: (678) 533-6300
Email: sralston@pruitthealth.com



pruitthealth.com

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From: Sarah Ralston Stephens
Sent: Thursday, October 12, 2017 3:47 PM
To: 'Fulenwider, Blake' <blake.fulenwider@dch.ga.gov>
Subject: RE: PruittHealth- Home Health

Blake,

I know you are overwhelmed with issues right now, but I just wanted to keep this on your radar. If you have time in early or mid-November to meet that would be fine with us.

Thanks again,

Sarah

From: Fulenwider, Blake [<mailto:blake.fulenwider@dch.ga.gov>]
Sent: Wednesday, September 20, 2017 2:18 PM
To: Sarah Ralston Stephens <SRalston@pruitthealth.com>
Subject: RE: PruittHealth- Home Health

Hi Sarah,

Thanks very much. Yes, I certainly will. If you can bear with me for a day or so, I'll be back in touch with a few dates/times for you to consider. I look forward to seeing you all soon.

Best,

Blake

From: Sarah Ralston Stephens [<mailto:SRalston@pruitthealth.com>]

Sent: Wednesday, September 20, 2017 2:10 PM

To: Fulenwider, Blake <blake.fulenwider@dch.ga.gov>

Subject: PruittHealth- Home Health

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Blake,

Hope you are enjoying your first week at the new gig. We are all excited to see you take on this role.

Neil has had discussions with Chris Riley about an innovative home health CON idea and Chris wanted him to get with you to flesh out the details of it. Do you have any time over the next month or so to meet with us (Neil Pruitt, Chris Downing, myself)? I'm sorry that I am short on details but will provide more as we get them.

Thanks and look forward to hearing from you,

Sarah

Sarah Ralston Stephens

Director of Governmental Affairs
PruittHealth

Williams, Danisha

From: Berry, Frank
Sent: Thursday, April 05, 2018 10:21 AM
To: Ellis, Marial
Cc: Williams, Danisha
Subject: Re: Pruitt Health - Petition for Amendment of Regulations

Yes. Thanks.

Sent from my iPhone

On Apr 5, 2018, at 10:02 AM, Ellis, Marial <maellis@dch.ga.gov> wrote:

Suggestion: I believe we could benefit from Marsha's input on this topic during our meeting on Monday. If it's ok, I can forward to her as well.

Marial Ellis
General Counsel
Georgia Department of Community Health
2 Peachtree Street, 40th Floor
Atlanta, GA 30303
Phone 404-656-0404
Fax 404-463-5025
maellis@dch.ga.gov

Follow us on Twitter at: <https://mobile.twitter.com/gadch>
Follow us on Facebook at: <https://www.facebook.com/gadept.communityhealth>

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Williams, Danisha

Subject: Discuss the Pruitt Health Correspondence
Location: Commissioner Berry's Office
Start: Mon 4/9/2018 1:00 PM
End: Mon 4/9/2018 1:30 PM
Show Time As: Tentative
Recurrence: (none)
Meeting Status: Not yet responded
Organizer: Williams, Danisha
Required Attendees: Ellis, Marial; Johnson, Andrew (andrew.johnson@dch.ga.gov); King, Rachel



March 30, 2018

BY CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Frank W. Berry, Commissioner
Georgia Department of Community Health
2 Peachtree Street, NW
Atlanta, GA 30303

Re: Petition Pursuant to O.G.C.A. § 50-13-9 for Amendment of Ga. Comp. R. & Regs. 111-2-2-.32(3)(c)

Dear Commissioner Berry:

We are writing to petition the Department of Community Health (the "Department") for an amendment to Department regulations at Ga. Comp. R. & Regs. 111-2-2-.32(3)(c). The petition is submitted pursuant to O.G.C.A. § 50-13-9.

This petition proposes that the certificate of need ("CON") regulations for determining the need for new or expanded home health services be amended to allow for the establishment or expansion of home health agencies ("HHAs") that are operated as part of a long-term care case management network that also includes an institutional special needs plan ("I-SNP"), a skilled nursing facility ("SNF"), and a Service Options Using Resources in a Community Environment ("SOURCE") case management provider program.

The reasons supporting this amendment and the specific proposed language are outlined below. An overview of I-SNPs and the SOURCE program are set forth in Appendix A.

Reasons for the Proposed Amendment

As further discussed below, integrated networks having all four of the referenced components – an I-SNP, a SOURCE provider, a SNF, and an HHA – in a given service area are uniquely situated to ensure that the elderly and infirm receive care in the most appropriate setting, resulting in better patient outcomes and quality of life, and more efficient and less costly care. The proposed rule would be consistent with the public policy of the State of Georgia that “a continuum of care be established so that functionally impaired elderly persons ... may be assured the least restrictive environment suitable to their needs.” O.C.G.A. § 49-6-60.

HHAs bridge the gap between the I-SNP/SNF care and SOURCE community care services (see Appendix A for an overview of I-SNPs and the SOURCE program). Home health care, as delivered by certified HHAs, is a specific type of home care provided by a registered nurse, occupational therapist, physical therapist or other skilled medical professional. To qualify for Medicare coverage, the patient must be homebound and have a need for skilled care. The skilled services provided by HHAs are not provided by SOURCE programs. Likewise, many types of community and home care services that are coordinated by SOURCE programs – such as assistance by home care aides with activities of daily living – are considered non-clinical or “unskilled” and are not covered under the HHA Medicare benefit.

Thus, a long-term care case management network will achieve the best results if it includes each of the following components: an I-SNP, a SOURCE provider, a SNF, and an HHA. The network will also function best if each of these components operates under common ownership and control. This ensures alignment of incentives, free and efficient exchange of information, and maximum cooperation between the components of the network.

The Proposed Amendment

Georgia law allows DCH to expedite or waive CON review for certain projects. Specifically, Code Section 31-6-47(b) provides that:

By rule, the department shall establish a procedure for expediting or waiving reviews of certain projects the nonreview of which it deems compatible with the purposes of this chapter, in addition to expenditures exempted from review by this Code section.

Georgia's CON program serves to ensure "access to quality healthcare services" and that such services are "available to all citizens." O.C.G.A. § 31-6-1. Consistent with that purpose, the proposal here is to except from the numerical need method of need determination the establishment of an HHA for organizations operating an I-SNP, a SNF and a SOURCE program within a specified service area. This would be accomplished by modifying DCH regulations at Ga. Comp. R. & Regs. 111-2-2-.32(3)(c) by adding an additional exception to the existing exceptions from the numerical need method of need determination, as follows:

Ga Comp R. & Regs. 111-2-2-.32

Specific Rule Considerations for Home Health Services.

(3) Standards.

...

(c) The Division may authorize an exception to 111-2-2-.32(3)(a) if:

...

3. The applicant for a new or expanded home health agency can show that all of the following conditions exist:

(1) The home health agency is owned or controlled by a person who also owns or controls all of the following as of December 31, 2018: a skilled nursing facility; an institutional special needs plan; and a SOURCE case management provider;

(2) The geographic service area of the new or expanded home health agency is limited to the entire area of such counties that are located, in whole or in part, within a 50 mile straight-line radius of the location of the commonly-owned or controlled skilled nursing facility; and

(3) There is no long-term care case management network that has been approved by the Centers for Medicare and Medicaid Services for operation within the geographic service area of the new or expanded home health agency as of December 31, 2018, and the sole missing component of the long-term care case management network is a home health agency.

For purposes of this exception:

(a) "institutional special needs plan" means a Medicare Advantage plan as defined and approved by the Centers for Medicare and Medicaid Services that serves eligible individuals who, for 90 days or longer, require or are expected to need an institutional level of care.

(b) "long-term care case management network" means a network that includes each of the following, all of which are commonly owned or controlled: skilled nursing facility, institutional special needs plan, SOURCE case management provider, and home health agency.

(c) "SOURCE case management provider" means a service provider enrolled as required with the Georgia Service Options Using Resources in a Community Environment program to provide Enhanced Primary Care Case Management services for eligible older and physically disabled Medicaid recipients.

Conclusion

Allowing an integrated long-term care case management network that already includes an I-SNP, a SNF and a SOURCE program in a particular service area to also operate an HHA would result in improved continuity of care, with more seamless transitions between care settings, including shared information systems and incentives to ensure the best possible outcome for the patient. Georgia's CON regulations should be amended to authorize excepting the establishment or expansion of HHAs in service areas in which a commonly owned or controlled organization also operates a SNF, a SOURCE program, and an I-SNP from the numerical need method of need determination.

Thank you for your consideration of this petition. The proposed amendment would help ensure that long-term care patients receive care in the most appropriate and least restrictive setting.

Section 50-13-9 of the Georgia Code provides the Department 30 days after submission of this petition to initiate rule-making proceedings or provide a written statement of its reasons for denial. We look forward to your response in due course.

March 30, 2018
Page 5

Should you have any questions or require any additional information, please do not hesitate to contact us.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Strang', with a stylized flourish at the end.

Robert T. Strang
General Counsel and Chief Administrative Officer
PruittHealth, Inc.

APPENDIX A

Overview of I-SNPs and the SOURCE Program

I-SNPs and the SOURCE program operate at opposite ends of the long-term care continuum, with I-SNPs at the most intensive, institutional end of the continuum, and the SOURCE program at the non-institutional, community care end of the continuum. Nevertheless, they share a patient-centered approach involving comprehensive care management and care coordination.

Where I-SNPs and SOURCE programs work together as components of an integrated case management network, they can efficiently coordinate care to ensure that patients get the right care at the right time, while avoiding unnecessary duplication of services, preventing medical errors, and seamlessly transitioning patients between provider settings.

a. Medicare Special Needs Plans (“SNPs”)

Medicare Special Needs Plans (“SNPs”) are a type of Medicare Advantage Plan (like an HMO or PPO). As described in a publication of the Centers for Medicare and Medicaid Services (“CMS”):

Medicare SNPs are approved by Medicare and run by private companies. When you join a Medicare SNP, you get all your Medicare hospital, medical health care services, and prescription drug coverage through that plan. Because they offer all health care services through a single plan, Medicare SNPs can help you manage your different services and providers. They can make it easier for you to follow your doctor’s orders related to diet and prescription drug use. Medicare SNPs for people with both Medicare and Medicaid may also help people get help from the community and coordinate many Medicare and Medicaid services.¹

Medicare SNPs are tailored to people with specific diseases or characteristics, with benefits, provider choices, and drug formularies (list of covered drugs) likewise tailored to best meet the specific needs of the groups they serve.

¹ CMS, *Your Guide to Medicare Special Needs Plans (SNPs)* (Rev. Nov. 2011).

An I-SNP is a type of Medicare SNP that is focused on Medicare Advantage beneficiaries who require or are expected to need the level of services provided in a long-term care institution – such as a SNF, a nursing facility (“NF”), a SNF/NF, an intermediate care facility for the developmentally disabled, inpatient psychiatric facility, or an assisted living facility – for 90 days or longer.

The American Medical Directors Association (“AMDA”) has described I-SNPs as a model of care that lends itself “to reducing the need to send SNF/NF residents to [acute care hospitals] in response to a change in condition.”² In that regard, AMDA observes that I-SNPs “reduce financial disincentives for SNF/NFs to treat within the facility, and they also tend to feature increased presence of on-site providers and availability of providers for evaluation of patients with changes of condition.”³ I-SNP programs also partner with the SNFs to implement improved clinical capabilities.

The I-SNP model emphasizes care coordination through all transitions of care. I-SNP nurse practitioners provide extensive advance care planning and monitor residents closely in coordination with attending physicians. Following discharge from the SNF, I-SNP nurses follow up with the patient in the community. An I-SNP case manager who is responsible for transitions of care also follows up with the patient at least weekly for a period of time to ensure that discharge instructions are being followed, medical appointments are scheduled with transportation arranged, medication prescriptions are filled, and any needed durable medical equipment is secured.

In short, the I-SNP model of care helps patients avoid unnecessary hospitalizations and return to the community, and once there, to avoid readmission to a SNF.

b. The SOURCE Program

Georgia’s SOURCE program provides services to approximately 16,000 frail elderly and otherwise dependent Georgians at risk of entering a nursing home, allowing them to remain in their own communities. The program operates pursuant to a waiver approved by CMS under § 1915(c) of the Social Security Act.⁴ The waiver affords the state the discretion to choose the number of Medicaid recipients receiving services through the SOURCE program. Individuals served by SOURCE must be physically and functionally

² American Medical Directors Association, Policy Resolution H10, *Improving Care Transitions Between the Nursing Facility and the Acute-Care Hospital Settings* (March 2010).

³ *Id.* Furthermore, Medicare coverage for SNF services for I-SNP patients is not predicated on the patient having a prior 3-day hospital stay. As noted by AMDA, the “‘qualifying stay’ incentives that encourage hospitalization with skilled nursing and rehabilitation payment only after hospitalization are removed.” *Id.*

⁴ See 42 U.S.C. 1396n(c).

impaired and in need of assistance with the performance of activities of daily living. Without receiving such services, eligible SOURCE members would require placement in a nursing facility.

Georgia's SOURCE program was established in 1997 and builds on a long history of efforts to provide community care options as an alternative to institutional care. It differs from earlier programs in that care across a wide spectrum of home and community based services is actively managed by a SOURCE case manager, in coordination with the recipient's primary care physician. All current participating SOURCE providers are enrolled in Georgia's Community Care Services Program and provide one or more of the following services:

- Adult Day Health
- Alternative Living Services
- Home Delivered Services
- Personal Support Services
- Out-of-Home Respite Care
- Emergency Response
- Home Delivered Meals

SOURCE case managers employ "Care Path" tools – structured, multi-disciplinary plans of care designed to support the implementation of clinical guidelines and protocols – to link primary care to all lines of community service. The SOURCE program has been demonstrated to be an effective tool to:

- Save money
- Enhance care coordination
- Reduce inappropriate emergency room use
- Reduce hospital readmissions
- Minimize over-utilization of drugs and pharmaceuticals
- Reduce nursing home admissions by providing home and community based options

The SOURCE program has been held out nationally as a model for other states. A report issued by the U.S. Department of Health and Human Services in 2005 observes that "[a]lthough many states support care coordination within the Medicaid fee-for-service health system, Georgia's SOURCE program was the only established program we

identified that operates in the fee-for-service system, coordinates health and long-term care, and includes dually eligible beneficiaries.”⁵ The report continues by stating that:

The strength of the SOURCE program appears to lie in its highly active case management and physician involvement. The program provides a model for improving coordination of health and long-term care services for states that are not able to implement more extensive managed care programs. The model could be used to serve *any* Medicaid beneficiary with complex conditions including Medicaid-only and dually eligible beneficiaries.⁶

Likewise, the American Association of Homes and Services for the Aging cites “the SOURCE program in Georgia as a template for ‘patient navigator programs,’”⁷ and the Georgia Department of Audits and Accounts has described the SOURCE program as “a cost-effective alternative that enables aged, blind and disabled individuals to stay at home and receive Medicaid-funded services instead of entering an institution.”⁸

⁵ Jennifer Gillespie, Robert Mollica, Jane Horvath & Claudia Williams, U.S. Department of Health and Human Services, National Academy for State Health Policy, *Coordinating Care in the Fee-for-Service System for Medicaid Beneficiaries with Chronic Conditions* (May 2005) (available at <http://aspe.hhs.gov/daltcp/reports/ccMedben.htm>).

⁶ *Id.* (emphasis in original).

⁷ American Association of Homes and Services for the Aging, *Moving Forward with Transitional and Integrated Services: The Long-Term Services and Supports Providers’ Perspective*, pp. 4, 22-23 (2011); see also, Steve Eiken, Kate Sredl, Brian Burwell & Lisa Gold, *Medicaid Long Term Care Expenditures in FY 2009*, Thomson Reuters, p. 6 (Aug. 17, 2010) (citing Georgia’s SOURCE program as a paradigm for “large case management programs specifically focused on people with long-term care needs”).

⁸ Georgia Dept. of Audits & Accounts, Special Examination 07-21, p. 4 (Jan. 2008).

Williams, Danisha

From: Williams, Danisha
Sent: Friday, April 20, 2018 12:42 PM
To: Johnson, Andrew
Subject: RE: Proposal from Pruitt

Completed.

Kind regards,



Danisha Williams

Commissioner's Office

Executive Confidential Assistant & Community Health Board Coordinator to Frank W. Berry, Commissioner

danwilliams@dch.ga.gov | www.dch.georgia.gov

Office: 404.656.7990 | Fax: 404.651.6880

2 Peachtree St NW 40.46, Atlanta, GA 30303

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<https://www.facebook.com/gadept.communityhealth>

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From: Johnson, Andrew
Sent: Friday, April 20, 2018 12:41 PM
To: Walker, Lisa <lisa.walker@dch.ga.gov>; Upchurch, John <jupchurch@dch.ga.gov>; Richards, Kellee <kellee.richards@dch.ga.gov>; Fulenwider, Blake <blake.fulenwider@dch.ga.gov>; Pfirman, Kate <kate.pfirman@dch.ga.gov>; Howgate, James <james.howgate@dch.ga.gov>; Williams, Danisha <danwilliams@dch.ga.gov>
Subject: Re: Proposal from Pruitt

Please add Rachel King. Thank you.

Andrew

From: Williams, Danisha
Sent: Friday, April 20, 2018 12:36:38 PM
To: Walker, Lisa; Upchurch, John; Richards, Kellee; Fulenwider, Blake; Pfirman, Kate; Howgate, James; Johnson, Andrew
Subject: Proposal from Pruitt
When: Thursday, April 26, 2018 2:15 PM-3:00 PM.
Where: 40th Floor Commissioner's Conference

Conference line for individuals unable to attend in-person:

1-877-848-7030 Access code 3363656#

From: Pfirman, Kate

Sent: Friday, April 20, 2018 10:59 AM

To: Walker, Lisa <lisa.walker@dch.ga.gov>; Upchurch, John <jupchurch@dch.ga.gov>; Richards, Kellee <kellee.richards@dch.ga.gov>

Cc: Fulenwider, Blake <blake.fulenwider@dch.ga.gov>; Howgate, James <James.Howgate@dph.ga.gov>; Johnson, Andrew <andrew.johnson@dch.ga.gov>; Williams, Danisha <danwilliams@dch.ga.gov>

Subject: Proposal from Pruitt

Jamie, Andrew and I met with Neal Pruitt today on the attached proposal. Before Pruitt Healthcare purchases this facility, they want us to let them know if we approve of the proposal. According to Neal Pruitt, the state fund cost would be about \$200 to \$300K. Apparently, a transaction similar to this was done for a Moultrie facility back in 2011.

By copy of this email, I am asking Danisha to set up a 45 minute meeting to discuss. (Conf line will be needed as some of us will need to attend by phone.)

Williams, Danisha

Subject: FW: (Kate) Proposal from Pruitt
Location: 40th Floor Commissioner's Conference
Start: Thu 4/26/2018 2:15 PM
End: Thu 4/26/2018 3:00 PM
Show Time As: Tentative
Recurrence: (none)
Meeting Status: Not yet responded
Organizer: Williams, Danisha

-----Original Appointment-----

From: Williams, Danisha
Sent: Friday, April 20, 2018 12:37 PM
To: Williams, Danisha; Lisa Walker (lisa.walker@dch.ga.gov); Upchurch, John; Kellee Richards; Fulenwider, Blake; Kate Pfirman; Howgate, James; Johnson, Andrew (andrew.johnson@dch.ga.gov)
Cc: King, Rachel; Threat, Darryl (dthreat@dch.ga.gov)
Subject: (Kate) Proposal from Pruitt
When: Thursday, April 26, 2018 2:15 PM-3:00 PM (UTC-05:00) Eastern Time (US & Canada).
Where: 40th Floor Commissioner's Conference

Conference line for individuals unable to attend in-person:

1-877-848-7030 Access code 3363656#

From: Pfirman, Kate
Sent: Friday, April 20, 2018 10:59 AM
To: Walker, Lisa <lisa.walker@dch.ga.gov>; Upchurch, John <jupchurch@dch.ga.gov>; Richards, Kellee <kellee.richards@dch.ga.gov>
Cc: Fulenwider, Blake <blake.fulenwider@dch.ga.gov>; Howgate, James <James.Howgate@dph.ga.gov>; Johnson, Andrew <andrew.johnson@dch.ga.gov>; Williams, Danisha <danwilliams@dch.ga.gov>
Subject: Proposal from Pruitt

Jamie, Andrew and I met with Neal Pruitt today on the attached proposal. Before Pruitt Healthcare purchases this facility, they want us to let them know if we approve of the proposal. According to Neal Pruitt, the state fund cost would be about \$200 to \$300K. Apparently, a transaction similar to this was done for a Moultrie facility back in 2011.

By copy of this email, I am asking Danisha to set up a 45 minute meeting to discuss. (Conf line will be needed as some of us will need to attend by phone.)

PRUITTHealth's ACQUISITION OF WESTVIEW NURSING & REHAB

I. Overview

PruittHealth intends to purchase Westview Nursing & Rehabilitation Center located in Port Wentworth, Georgia. Westview is a 101 bed skilled nursing facility. Upon closure of the sale, PruittHealth intends to (1) transfer 20 of those skilled nursing beds to PruittHealth – Savannah, LLC, (2) heavily renovate the Westview campus, and (3) expand PruittHealth – Savannah to accommodate the increased patient population.

II. Transfer of 20 SNF Beds from Westview to PruittHealth – Savannah

- This transfer will be completed through an exemption request to DCH based on the fact that the transfer will be within Chatham County. *Ga. R&R. 111-2-2-.03 (26)*.
- PruittHealth – Savannah would like to “bank” these 20 beds prior to the renovation of PruittHealth – Savannah as they will not be in service at that time.
- In conjunction with “banking” these 20 beds, PruittHealth would like assurance from DCH that those beds will not be used in the facility’s FRV calculation during the time in which they are not in service.

III. Renovation of Westview Nursing & Rehab

- PruittHealth wishes to undertake a large scale renovation of the Westview campus, which shall include, but not be limited to, a reconfiguration of the building to allow for 20 private rooms, updating rehabilitation and therapy facilities, new common areas, corridors, lighting and nurses’ stations.
- DCH should classify the scope of this renovation as “gutting and rebuilding” and allow a billing rate of 95% per diem and apply a new base year for purposes of the facility’s FRV calculation. *Nursing Facility Medicaid P&P Manual Sect. 1002.3B.; 1002.5(3)(b)*.
- DCH previously applied the “guttled and rebuilt” standard to PruittHealth – Moultrie’s large scale renovation in 2011, which was similar in scope and cost.

IV. Expansion of PruittHealth – Savannah

- PruittHealth – Savannah intends to expand its physical plant to add a total of 32 private rooms – 6 of which will be in the existing facility and 26 will be in the addition. This will be accomplished by using the 20 beds transferred from Westview and conversion of semi-private rooms to private rooms. PruittHealth – Savannah will also renovate and expand its kitchen and dining areas to accommodate the increased patient population.
- As DCH is aware, PruittHealth – Savannah recently underwent a massive renovation and expansion and was determined to be “guttled and rebuilt” for purposes of allowing a billing rate of 95% per diem and resetting the facility’s base year for purposes of its FRV calculation. *Nursing Facility Medicaid P&P Manual Sect. 1002.3B.; 1002.5(3)(b)*.
- PruittHealth – Savannah would like DCH to reset the facility’s eligibility date for the “guttled and rebuilt” status (and corresponding 95% of the non-property ceilings) upon completion of this latest expansion effort as opposed to keeping the 2016 effective date of the previous expansion/renovation.

Williams, Danisha

From: Williams, Danisha
Sent: Monday, July 02, 2018 11:18 AM
To: 'Alan Bratton'
Subject: RE: PruittHealth Premier-Deputy Commissioner Hood

Good morning,

We will move forward with July 10th at 1p. I will send a formal invitation momentarily.

Kind regards,



Danisha Williams

Commissioner's Office

Executive Confidential Assistant & Community Health Board Coordinator to Frank W. Berry, Commissioner

danwilliams@dch.ga.gov | www.dch.georgia.gov

Office: 404.656.7990 | Fax: 404.651.6880

2 Peachtree St NW 40.46, Atlanta, GA 30303

"Life isn't about waiting for the storm to pass... It's about learning how to dance in the rain!"



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From: Alan Bratton [mailto:Alan.Bratton@allyalign.com]
Sent: Friday, June 29, 2018 12:44 PM
To: Williams, Danisha <danwilliams@dch.ga.gov>
Subject: RE: PruittHealth Premier-Deputy Commissioner Hood

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thank you Danisha. The times on 7/10 and 7/18 all work. Just let me know.

Have a great weekend.

Alan Bratton
Chief Operating Officer

AllyAlign Health
10900 Nuckols Road
Suite 110
Glen Allen, VA 23060

o) 804-396-6372
f) 804-823-2635
alan.bratton@allyalign.com
www.allyalign.com

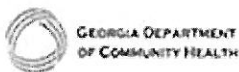
From: Williams, Danisha [<mailto:danwilliams@dch.ga.gov>]
Sent: Friday, June 29, 2018 12:31 PM
To: Alan Bratton <Alan.Bratton@allyalign.com>
Cc: Williams, Danisha <danwilliams@dch.ga.gov>
Subject: RE: PruittHealth Premier-Deputy Commissioner Hood

Good afternoon,

Below is a list of Deputy Commissioner Hood's current availability for July. Once you select a time, *please allow me to check and make sure your selection is still available before scheduling.*

7/5: 3:30
7/10: 1
7/12: 3
7/18: 3; 3:30
7/19: 4
7/25: 2
7/30: 1; 3:30

Kind regards,



Danisha Williams

Commissioner's Office

Executive Confidential Assistant & Community Health Board Coordinator to Frank W. Berry, Commissioner

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From: Hood III, Joseph W.
Sent: Thursday, June 28, 2018 1:51 PM
To: Williams, Danisha <danwilliams@dch.ga.gov>
Cc: Alan.Bratton@allyalign.com; Jarrard, Matt <mjarrard@dch.ga.gov>
Subject: Fw: PruittHealth Premier

Danisha, please reach out and set up a time to meet with Me. Bratton with myself and Matt

From: Alan Bratton <Alan.Bratton@allyalign.com>
Sent: Thursday, June 28, 2018 1:18:45 PM
To: Hood III, Joseph W.
Cc: Brian Ronnau
Subject: PruittHealth Premier

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Joseph,

My name is Alan Bratton, COO of PruittHealth Premier. We have launched a Dual Eligible Special Need Plan in Georgia and I have been given your name as a point of contact to reach out to on a few interfaces we need to have with DCH. Would you be able to meet with Brian Ronnau (our CIO) and me in the next week so we can discuss the technical requirements we have in our three-way agreement between DCH, CMS and us?

Thanks,

Alan Bratton
Chief Operating Officer

AllyAlign Health
10900 Nuckols Road
Suite 110
Glen Allen, VA 23060

o) 804-396-6372
f) 804-823-2635
alan.bratton@allyalign.com
www.allyalign.com

Williams, Danisha

Subject: Meeting with PruittHealth Premier
Location: 40th Floor Commissioner's Conf Room
Start: Tue 7/10/2018 1:00 PM
End: Tue 7/10/2018 1:45 PM
Show Time As: Tentative
Recurrence: (none)
Meeting Status: Not yet responded
Organizer: Williams, Danisha
Required Attendees: Alan.Bratton@allyalign.com; Matt Jarrard (mjarrard@dch.ga.gov); Hood III, Joseph W.

Meeting Location:
2 Peachtree St, NW, Atlanta, GA 30303
40th Floor Commissioner's Office

Please allot time to enter through security

From: Hood III, Joseph W.
Sent: Thursday, June 28, 2018 1:51 PM
To: Williams, Danisha <danwilliams@dch.ga.gov>
Cc: Alan.Bratton@allyalign.com; Jarrard, Matt <mjarrard@dch.ga.gov>
Subject: Fw: PruittHealth Premier

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Alan Bratton
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Suite 110
Glen Allen, VA 23060

o) 804-396-6372

f) 804-823-2635

alan.bratton@allyalign.com

www.allyalign.com

Williams, Danisha

From: Chris Downing <CDowning@pruitthealth.com>
Sent: Tuesday, October 30, 2018 1:50 PM
To: Berry, Frank
Subject: FW: be up in a minute to discuss
Attachments: 2001 LIAB INSUR ADD-ON DOCUMENTATION.pdf

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Per our convo. Similar to what we are doing now but not exact. I would think this would help. Let me know if you have any questions.

CD

Chris Downing
Vice President of Government Affairs
PruittHealth

Phone: (678) 533-6612
Cell: (678) 925-8432
Email: cdowning@pruitthealth.com



pruitthealth.com

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Roy E. Barnes, Governor

Russ Toal
Commissioner
404.656.4507
404.651.6880 fax

MEMORANDUM

Date: March 15, 2001
To: Nursing Facility Administrator
From: Russ Toal
Commissioner
Subject: Rate Adjustment for Increased Cost of Liability Insurance

Attached is a draft public notice that is scheduled to be presented to the Board of Community Health on March 28, 2001, regarding the Division of Medical Assistance proposal to provide rate adjustments for projected increases in the cost of liability insurance. The notice also describes the opportunities for public comment on the proposed changes prior to review by the Board of Community Health during its meeting on April 18, 2001.

Two other documents are provided for your review:

- Summary of required documentation to substantiate a requested rate adjustment for increases in liability insurance;
- Examples of how rates will be adjusted for approved cost projections.

If the Board of Community Health approves the proposed policy, please note that any request for rate adjustments for increased liability costs must be submitted by May 30, 2001, for cost increases incurred prior to May 1. For cost increases incurred after April 30, 2001, requests for rate adjustments must be submitted within 30 days after the cost increase is incurred.

If you have any questions concerning these materials, please contact Billy Allen, Program Director for Nursing Home Services, at (404) 651-7895.

Attachments

902



PUBLIC NOTICE

Pursuant to the 42 CFR 447.205, the Georgia Department of Community Health, Division of Medical Assistance is required to give public notice of any significant proposed change in its methods and standards for setting payment rates for services.

NURSING HOME SERVICES

Subject to the availability of funds, effective for dates of service on and after May 1, 2001, the Division of Medical Assistance is proposing to modify the payment method for nursing home services as follows:

- A nursing home may request a payment rate adjustment for projected increases in cost for liability insurance.
- To be eligible for such a rate adjustment, a nursing home must demonstrate that its liability insurance cost has increased more than 25% above amounts reported in its fiscal year 1999 cost report that was used to set current rates of payment. A nursing home with a current rate of payment not based on its fiscal year 1999 cost report will not be eligible for a rate adjustment.
- ✓ A nursing home must demonstrate that alternate sources of liability insurance was considered.
- If a nursing home increases its liability insurance coverage from fiscal year 1999, a rate adjustment may be requested for the portion of the cost increase attributable to prior levels of liability insurance coverage.
- A nursing home may request a rate adjustment for increased liability insurance costs for a self-insured plan. Such increases must meet HCFA requirements for recognition of allowable self-insured costs.
- The nursing home must provide documentation of its increased liability insurance costs as requested by the Division of Medical Assistance.
- For increases in cost for liability insurance paid prior to May 1, 2001, requests for payment rate adjustments must be submitted by May 30, 2001 and may include increased costs for the current fiscal year. For increases in liability insurance costs paid after April 30, 2001, requests for payment rate adjustments must be submitted within 30 days after the payment date.
- The Division of Medical Assistance will establish a per bed maximum allowable amount of liability insurance costs to determine the reasonableness of any rate adjustment request. The maximum allowable amount will be set in such a manner as to exclude the higher cost of liability insurance that may be assigned to a nursing home with a history of significant losses or to a nursing home with insufficient quality assurance practices.
- Any allowed rate adjustment for liability insurance costs will be added to a nursing home's current rate of payment. Rate adjustments for liability insurance costs will not be limited by cost center maximum amounts applied in current rate calculations. Rate adjustments for liability insurance costs will not be impacted by growth allowance factors applied in current rate calculations.

The purpose of this change is to allow nursing home payment rates to recognize the impact of significant increases in the cost of liability insurance. This change is estimated to increase annual expenditures by approximately \$14,950,831 (\$6,023,690 in State funds).

This public notice is available for review at each county Department of Family and Children Services office. Citizens wishing to comment in writing on the proposed change should do so before April 18, 2001 to the Board of Community Health, Post Office Box 38406, Atlanta, Georgia 30334.

Comments submitted will be available for review by the public at the Department of Community Health, Monday – Friday, 9:00 a.m. to 4:30 p.m., in Room 4074, 2 Peachtree Street, N.W., Atlanta, Georgia 30303.

An opportunity for public comment will be held on April 18, 2001 at 10:00 a.m. in conjunction with the April meeting of the Board of Community Health. Individuals who are disabled and need assistance to participate during the meeting should call (404) 656-4479. The Board will vote on the proposed methodology after comments have been received. The April Board meeting will be held in the Floyd Room, 20th Floor West Tower, Twin Towers Building, 200 Piedmont Avenue, Atlanta, Georgia.

NOTICE IS HEREBY GIVEN THIS 14TH DAY OF MARCH 2001.
Russell B. Toal, Commissioner

Department of Community Health, Division of Medical Assistance

**Nursing Home Rate Adjustments for Increases in
Liability Insurance Cost**

Documentation Requirements

The following documentation is required for nursing facilities requesting a payment rate adjustment for projected increases in cost for liability insurance:

- Proof of Premium Paid (this includes copies of initial invoices, copies of canceled checks, and copies of any other documentation which verifies the amounts paid for liability insurance coverage)
- Proof of Insurance (this includes copies of policies, declaration pages, and copies of any other documentation which verifies liability insurance coverage)
- Written proof (including but not limited to quotes) that shows consideration was given to obtain liability insurance from at least two alternate sources. Please list a contact person for each source.
- If self-insured, written confirmation from an actuary, insurance company, or broker that states the amounts to be paid into the fund.
- Any other related liability insurance documentation that the Department considers appropriate.

The documentation listed above must be provided for each premium period for which there is a projected increase in cost for liability insurance, including the premium period covered in the nursing facility's fiscal year 1999 cost report. If the liability insurance premiums have increased as a result of increased coverage, the nursing facility must identify those coverage areas within the documentation. The nursing facility must also state where the cost for liability insurance is recorded on each of its cost reports. If the cost for liability insurance is combined with other costs to make up the amount recorded on the cost report, please provide a detail of those costs.

All of the information requested above must be mailed to:

Darryl Threat, Project Director
Nursing Home Reimbursement
Georgia Department of Community Health
2 Peachtree Street NW, ~~39th Floor~~ 39th Floor
Atlanta, Georgia 30303-3159
Fax # (404)-657-4199

Department of Community Health, Division of Medical Assistance
Examples of Nursing Home Rate Adjustments for Increases in Liability Insurance Costs

Example Rate Data

Rate per day	85.00
Total patient days in rate calculation	32,850
Number of beds	100
Per bed limit for projected liability insurance (amount is for purposes of example only)	1,000

Example 1

Annual liability insurance cost in FY1999 cost report	15,000
Liability insurance cost incurred for July 1, 2000 - June 30, 2001 (approved for cost projection)	55,000

Rate adjustment for FY2001

Projected liability insurance cost for State FY2001 (July 1, 2000 to June 30, 2001)	55,000
Increase in annual liability insurance cost for State FY2001 above FY99 cost report	40,000
Number of months in State FY2001	12
Number of months cost projection paid in State FY2001	2
Conversion factor for State FY2001 (number of months in year / number of months paid)	6.00
Rate adjustment for FY2001 (increased cost x conversion factor / total patient days)	7.31
Total rate per day effective May 1, 2001	92.31

Rate adjustment for FY2002

Projected liability insurance cost for State FY2002 (July 1, 2001 to June 30, 2002)	55,000
Increase in annual liability insurance cost for State FY2002 above FY99 cost report	40,000
Number of months increased cost incurred in State FY2002	12
Number of months cost projection paid in State FY2002	12
Conversion factor for State FY2002 (number of months incurred / number of months paid)	1.00
Rate adjustment for FY2002 (increased cost x conversion factor / total patient days)	1.22
Total rate per day effective July 1, 2001	86.22

Example 2

Annual liability insurance cost in FY1999 cost report	15,000
Actual liability insurance cost incurred for July 1, 2000 - June 30, 2001	125,000
Liability insurance cost incurred for July 1, 2000 - June 30, 2001 (subject to bed per limit)	100,000

Rate adjustment for FY2001

Projected liability insurance cost for State FY2001 (July 1, 2000 to June 30, 2001)	100,000
Increase in annual liability insurance cost for State FY2001 above FY99 cost report	85,000
Number of months in State FY2001	12
Number of months cost projection paid in State FY2001	2
Conversion factor for State FY2001 (number of months in year / number of months paid)	6.00
Rate adjustment for FY2001 (increased cost x conversion factor / total patient days)	15.53
Total rate per day effective May 1, 2001	100.53

Rate adjustment for FY2002

Projected liability insurance cost for State FY2002 (July 1, 2001 to June 30, 2002)	100,000
Increase in annual liability insurance cost for State FY2002 above FY99 cost report	85,000
Number of months increased cost incurred in State FY2002	12
Number of months cost projection paid in State FY2002	12
Conversion factor for State FY2002 (number of months incurred / number of months paid)	1.00
Rate adjustment for FY2002 (increased cost x conversion factor / total patient days)	2.59
Total rate per day effective July 1, 2001	87.59

Department of Community Health, Division of Medical Assistance
Examples of Nursing Home Rate Adjustments for Increases in Liability Insurance Costs

Example Rate Data

Rate per day	85.00
Total patient days in rate calculation	32,850
Number of beds	100
Per bed limit for projected liability insurance (amount is for purposes of example only)	1,000

Example 3

Annual liability insurance cost in FY1999 cost report	15,000
Liability insurance cost incurred for Oct. 1, 1999 - Sept. 30, 2000 (approved for cost projection)	40,000
Liability insurance cost incurred for Oct. 1, 2000 - Sept. 30, 2001 (approved for cost projection)	55,000

Rate adjustment for FY2001

Projected liability insurance cost for State FY2001 (July 1, 2000 to June 30, 2001)	51,250
Increase in annual liability insurance cost for State FY2001 above FY99 cost report	36,250
Number of months in State FY2001	12
Number of months cost projection paid in State FY2001	2
Conversion factor for State FY2001 (number of months in year / number of months paid)	6.00
Rate adjustment for FY2001 (increased cost x conversion factor / total patient days)	6.62
Total rate per day effective May 1, 2001	91.62

Rate adjustment for FY2002

Projected liability insurance cost for State FY2002 (July 1, 2001 to June 30, 2002)	55,000
Increase in annual liability insurance cost for State FY2002 above FY99 cost report	40,000
Number of months increased cost incurred in State FY2002	12
Number of months cost projection paid in State FY2002	12
Conversion factor for State FY2002 (number of months incurred / number of months paid)	1.00
Rate adjustment for FY2002 (increased cost x conversion factor / total patient days)	1.22
Total rate per day effective July 1, 2001	86.22

Example 4

Annual liability insurance cost in FY1999 cost report	15,000
Liability insurance cost incurred for Jan. 1, 2000 - Dec. 31, 2000 (approved for cost projection)	55,000
Liability insurance cost incurred for Jan. 1, 2001 - Dec. 31, 2001 (approved for cost projection)	70,000

Rate adjustment for FY2001

Projected liability insurance cost for State FY2001 (July 1, 2000 to June 30, 2001)	62,500
Increase in annual liability insurance cost for State FY2001 above FY99 cost report	47,500
Number of months in State FY2001	12
Number of months cost projection paid in State FY2001	2
Conversion factor for State FY2001 (number of months in year / number of months paid)	6.00
Rate adjustment for FY2001 (increased cost x conversion factor / total patient days)	8.68
Total rate per day effective May 1, 2001	93.68

Rate adjustment for FY2002

Projected liability insurance cost for State FY2002 (July 1, 2001 to June 30, 2002)	70,000
Increase in annual liability insurance cost for State FY2002 above FY99 cost report	55,000
Number of months increased cost incurred in State FY2002	12
Number of months cost projection paid in State FY2002	12
Conversion factor for State FY2002 (number of months incurred / number of months paid)	1.00
Rate adjustment for FY2002 (increased cost x conversion factor / total patient days)	1.67
Total rate per day effective July 1, 2001	86.67

Department of Community Health, Division of Medical Assistance
Examples of Nursing Home Rate Adjustments for Increases in Liability Insurance Costs

Comments About Example Rate Adjustments:

1. The per bed limit amount of \$1,000 is presented for purposes of these examples only.
2. For purposes of these examples, rate adjustment amounts for FY2002 reflect an assumption that rates for services between July 1, 2001 and June 30, 2002 will be based on a nursing home's FY1999 cost report.
3. Pending approval of the Department's budget for FY2002 as well as review of any policy change by the Board of Community Health, rates for FY2002 may be based on a nursing home's FY2000 cost report. If this change is approved, the example rate adjustments for FY2002 would be based on comparisons to liability insurance costs included in a nursing home's FY2000 cost report.